

FFICER'S BATTERY REPORT
HICAGO POLICE DEPARTMENT

RD NO.

HY401546

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

| OFFICER INFORMATION | | INCIDENT INFORMATION | | |
|--|--------------|---|--|---|
| NAME (LAST - FIRST - M.I.) VALADEZ, FRANCIS A | | <input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE | | |
| TAR NO. 484 | | POSITION COMMANDER | | |
| ATE OF APPOINTMENT 22-DEC-1986 | | EMPLOYEE NO. [REDACTED] | | |
| NIT OF ASSIGNMENT 010 | | BEAT/CALL NO. 1000 | | |
| EX 1. M | RACE 2. F | DOB [REDACTED] | | |
| EIGHT 509 | | WEIGHT 160 | | |
| TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED | | | | |
| <input type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ | | WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? [REDACTED] | | |
| <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ | | PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____ | | |
| TYPE OF ACTIVITY | | | | |
| <input type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ | | | | |
| <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ | | | | |
| <input type="checkbox"/> K. OTHER _____ | | | | |
| TYPE OF INJURY TO OFFICER | | | | |
| <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE | | | | |
| LIGHTING CONDITIONS AT INCIDENT | | | | |
| <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR [REDACTED] <input checked="" type="checkbox"/> 2. GOOD | | | | |
| INCIDENT INFORMATION | | | | |
| <input type="checkbox"/> ADDRESS OF OCCURRENCE 1910 S ASHLAND AVE | | | | |
| CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) [REDACTED] | | | | |
| LOCATION CODE 277-PARKING LOT/GARAGE(NON.RE) BEAT OF OCCURRENCE 1234 | | | | |
| DATE OF OCCURRENCE 29-AUG-2015 TIME 01:33:00 DAY OF WEEK SATURDAY | | | | |
| NO. OF OFFICERS BATTERED 2 | | | | |
| WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____ | | | | |
| MANNER OF ATTACK | | | | |
| <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS) | | | | |
| TYPE OF WEAPON/THREAT | | | | |
| (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER 357 MAG | | | | |
| <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ | | | | |
| <input checked="" type="checkbox"/> B. VEHICLE <input checked="" type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE | | | | |
| <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. BLUNT INSTRUMENT | | | | |
| FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON | | | | |
| OFFENDER INFORMATION | | | | |
| SEX <input checked="" type="checkbox"/> 1. M | | RACE <input type="checkbox"/> 2. F WHITE HISPANIC | | DOB [REDACTED] |
| CB NO. | | IR NO. 19178246 | | |
| WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN | | | | |
| NO. OF OFFENDERS PRESENT? 4 | | | | |
| WEATHER CONDITIONS | | | | |
| <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / HAZE <input type="checkbox"/> E. SLEET <input type="checkbox"/> F. SEVERE CROSS WIND | | | | |
| APPROXIMATE OUTDOOR TEMPERATURE: 70° F | | | | |

REPORTING MEMBER - SIGNATURE
VALADEZ, FRANCIS A

STAR NO.
484

WATCH COMMANDER/UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
MC NAUGHTON, DAVID R

120